

MILPERSMAN 1306-978

LITTORAL COMBAT SHIP (LCS)

Responsible Office	NAVPERSCOM (PERS-402D)	PHONE	DSN	882-3854
			COM	(901) 874-3854
			FAX	882-2649

Reference	(a) Lautenberg Amendment of 1996 (b) OPNAVINST 6110.1G (c) COMNAVSURFORINST 3502.1C
-----------	---

1. **Purpose.** To issue qualification requirements and assignment policies for personnel ordered to duty in connection with the **Littoral Combat Ship (LCS) Program.**

2. **Program Background.** LCS is a "modular warship concept" primarily designed to complement the Navy's larger multi-mission surface combatants in select warfare mission areas and combat threats in the littoral including submarines, mines, and fast attack craft. It consists of the following three primary modular mission packages:

- Surface Warfare (SUW)
- Mine Warfare (MIW)
- Anti-Submarine Warfare (ASW)

a. **Maritime Interdiction Capability.** In the near future, some variants of the SUW package will provide an enhanced maritime interdiction capability to facilitate Global War on Terrorism operations. Additionally, the unique platform design provides the additional capability to support the following:

- Special Operations Forces (SOF)
- High-Speed Transit
- Maritime Interdiction Operations (MIO)
- Intelligence
- Surveillance and Reconnaissance (ISR)
- Anti-Terrorism/Force Protection (AT/FP) Operations

b. **Networking Capability.** LCS also has the capability to network and to share tactical information with other Navy aircraft, ships, submarines, and joint units.

c. **New Policies/Procedures.** The LCS **design, manning, and policies** will be a significant departure from current/legacy ways of doing business. Current directives will be inadequate to ensure LCS stays manned with the right people at the right time. Current "fit" metrics will be inadequate to meet LCS needs.

d. **Two Hull Designs.** Two hull designs for LCS are currently being built (Lockheed Martin and General Dynamics). Each hull has **different training requirements** for the respective billets. In some cases, those differences are minor, in others, they are fairly significant. For this reason, assigned crews will be specific to one hull design or the other.

e. **Rotating Crews.** All sea frames will have **rotating crews (four crews per three ships)** in order to extend hull operational availability/on station time, build a cadre of LCS excellence, and mitigate the impacts of unplanned losses. The total **core crew size is 40** and will be manned using **hybrid billets**. The loss of a single sailor and their unique skill sets will have mission related implications. **It is envisioned that LCS will be the first class of ship for which personnel losses could result in an Operational Casualty Report.**

f. **Training.** A unique aspect of LCS is the normal unit level training will occur during the off-cycle time for the crew. Another aspect of LCS training is there will be no under-instruction (UI) watchstanders on board. Watchstanders, therefore, must go through a **train to qualify pipeline of up to 1 year**, and be ready to assume the watch upon reporting.

g. **Permanent Change of Station (PCS) Replacements**

(1) Due to the hybrid skills, minimal crew size, and off-hull training regime, normal PCS replacements will occur during the **first three weeks of the off-hull time**. In order to facilitate this, the type commander (TYCOM) and immediate superior in command (ISIC) must ensure complete integrity of the rotational schedule.

(2) Additionally, the normal requisition window for orders must be modified for LCS **from the standard 5- to 9-month to an 18- to 24-month window**. This increased window provides the opportunity to conduct a thorough screening as well as assuring training pipeline completion. ISIC and TYCOM will work with Navy Personnel Command (NAVPERSCOM) to identify

requirements well in advance to facilitate the complex **screening, assignment, and training sequence** to deliver a qualified relief in the desired time frame.

(3) In the event of **unplanned losses**, the ISIC/TYCOM will rotate Sailors from other crews under their cognizance until a qualified relief is received.

h. **Hybrid Skill Sets vs. Navy Enlisted Classifications (NECs)**. LCS will not use traditional NECs, but rather hybrid skill sets. In the near term, these skills will be as closely matched as possible to existing NECs.

i. **One-Up/One-Down not Applicable**. The one-up/one-down rule will not apply to LCS. All assignments to personnel in paygrades below that designated for the billet must be approved by the TYCOM. **Waivers will be considered** based on ability to meet the billet prerequisites including maturity, leadership, and watchstanding skills beyond technical skills and NECs.

3. **Requirements/Qualifications**. Candidates shall meet the following minimum requirements:

a. **Eligible Ratings**. AG, BM, CS, ET, FC, GM, MN, HM, IT, OS, SK, DC, EM, EN, GSM, GSE, and STG.

b. **Citizenship**. Be a U.S. citizen having SECRET clearance eligibility.

c. **Screening**. Satisfactorily complete NAVPERS 1306/94 (12-06), Littoral Combat Ship (LCS) Screening Form per Exhibit 1 and report per Exhibit 2. Exhibit 3 will be utilized by personnel requesting waivers. Exhibit 4 shall be used to de-screen a previously screened member. NAVPERS 1306/94 is located on the BUPERS CD-ROM as well as the following websites:
<http://buperscd.technology.navy.mil/bpforms.htm> and
<https://www.npc.navy.mil/ReferenceLibrary/Forms/NAVPERS/>.

d. **Weapons**. Per reference (a), Sailors convicted of a qualifying domestic violence charge are prohibited access to firearms. Qualifying domestic violence convictions, as set forth in reference (a), are described in DD 2760 (12-02), Qualification to Possess Firearms or Ammunition. Navy personnel have an affirmative obligation to inform their command if they have a qualifying domestic violence conviction. Members with qualifying convictions may not be assigned to LCS crews. If any

individual is in question as to whether or not they have a qualifying conviction, they shall consult their local Navy Legal Service Office or Staff Judge Advocate for legal advice.

e. **Visit, Board, Search, and Seizure (VBSS)/Physical/Mental Condition.** Comply with Physical Fitness Assessment (PFA) standards per reference (b). In addition to references (b) and (c), personnel assigned to **LCS VBSS** billets must comply with the following items:

(1)	2 nd class swimmer qualified
(2)	"Good Medium" or higher on most recent PFA
(3)	Climb a 30-FT Jacobs Ladder (Note 1)
(4)	Participants must volunteer (Note 2)
(5)	Physical certification
(6)	Psychological certification- no known (Note 3) claustrophobia (fear of enclosed spaces)
(7)	Psychological certification- no known acrophobia (fear of heights) (Note 3)

Note 1. Not all personnel are located in a fleet concentration area. A baseline for determining probability of success of climbing a 30-FT Jacobs ladder is:

- Males- (10) dead-hang pull-ups (no momentum) and 50 squats.
- Females- (1) minute held pull-up (chin over bar) and 50 squats.

Upon successful demonstration of the above, commands are authorized to complete screening of interested personnel and submit Exhibit 3, Special Program Waiver Request. Individuals shall conduct actual demonstration of ability to climb a 30-FT Jacobs Ladder upon reporting to LCSRON/RSO in San Diego, CA (UIC 30065).

Note 2. Personnel volunteer status for item (4) above is indicated via completion of LCS screening for applicable VBSS billet (NAVPERS 1306/94) and transmission of required suitability message.

Note 3. Certification for items (6) and (7) above is no previous documentation in medical record and completion of LCS screening for applicable VBSS billet (NAVPERS 1306/94 and

transmission of required suitability message). (See Exhibits 1 and 2 and sample screening message for LCS/VBSS assignment).

f. **Obligated Service (OBLISERV).** Selected members must incur required OBLISERV of 36 months from date of reporting on board. Sea tour is 36 months or prescribed sea tour (PST), whichever is greater.

EXHIBIT 1

SUPPORTING DIRECTIVE MILPERSMAN ARTICLE 1306-978

LITTORAL COMBAT SHIP (LCS) SCREENING FORM		
1. RANK/RATE:	2. NAME:	
3. SSN (LAST 4 DIGITS):	4. PROPOSED DETACHMENT DATE:	
5. PROPOSED PROGRAM/DUTY STATION:		
SECTION A: GENERAL CRITERIA		
		INTERVIEWER'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Does SNM have pending Officer package? (STA-21, OCS, LDO/CWO)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement for the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Has member had any NJP, courts-martial, civil Conviction, or significant involvement with civil authorities within the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Has member had any alcohol related incidents in the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	10. Has member had any involvement with illegal drugs in the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	11. Has member signed the required OBLISERV for this program?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	12. Is member currently within Physical Fitness Assessment (PFA) standards and has also passed the previous 18 months of official PFA cycles?	
HEIGHT (INCHES): _____ WEIGHT (POUNDS): _____ BODY FAT (PERCENTAGE): _____		
13. PERSONNEL OFFICER'S NAME AND RANK:	14. PERSONNEL OFFICER'S SIGNATURE:	15. DATE:
SECTION B: MEDICAL/DENTAL SCREENING		
		INTERVIEWER'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO	16. Has member been medically screened suitable for this program? If "no", will the gaining MTF accept?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	17. Is member in proper dental class for PCS transfer?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	18. Has member satisfactorily completed FALANT and/or PIP Color Recognition Testing (color blind)?	
19. MEDICAL OFFICER'S NAME AND RANK:	20. MEDICAL OFFICER'S SIGNATURE:	21. DATE:
22. DENTAL OFFICER'S NAME AND RANK:	23. DENTAL OFFICER'S SIGNATURE:	24. DATE:

SUPPORTING DIRECTIVE MILPERSMAN ARTICLE 1306-978

LITTORAL COMBAT SHIP (LCS) SCREENING FORM (CONTINUED)		
25. RANK/RATE:	26. NAME:	
SECTION C: FINANCIAL/COMMAND MASTER CHIEF SCREENING		
		INTERVIEWER'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO 27. Has the member been interviewed by the Command Financial Specialist Per OPNAVINST 1740.5 Series, and found to be financially stable?		
28. COMMAND FINANCIAL SPECIALIST'S NAME AND RANK:	29. COMMAND FINANCIAL SPECIALIST'S SIGNATURE:	30. DATE:
SECTION D: ADDITIONAL REQUIREMENTS		
		INTERVIEWER'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO 31. Does member VOLUNTEER FOR VBSS? Does member meet requirements IAW COMNAVSURFFORINST 3502.1 Series TAB T?		
<input type="checkbox"/> YES <input type="checkbox"/> NO 32. Does member have at a minimum a secret security clearance or eligible for secret clearance?		
<input type="checkbox"/> YES <input type="checkbox"/> NO 33. Has member ever been charged/convicted of domestic violence?		
34. COMMAND CAREER COUNSELOR'S NAME AND RANK:	35. COMMAND CAREER COUNSELOR'S SIGNATURE:	36. DATE:
37. COMMAND MASTER CHIEF RECOMMENDATION (Provide written recommendation from Command Master Chief indicating member's potential to perform and excel in an LCS billet)		
<input type="checkbox"/> YES <input type="checkbox"/> NO 38. Member meets requirements for assignment and is fully qualified for assignment to LCS.		
39. COMMAND MASTER CHIEF'S NAME AND RANK:	40. COMMAND MASTER CHIEF'S SIGNATURE:	41. DATE:
ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I MUST MAINTAIN MY SUITABILITY THROUGHOUT MY ASSIGNMENT TO SPECIAL PROGRAMS (LITTORAL COMBAT SHIP-LCS.)		
42. MEMBER'S NAME AND RANK:	43. COMMAND MASTER CHIEF'S SIGNATURE:	44. DATE:

SUPPORTING DIRECTIVE MILPERSMAN ARTICLE 1306-978

LITTORAL COMBAT SHIP (LCS) SCREENING FORM (CONTINUED)					
45. RANK/RATE:		46. NAME:			
SECTION E. COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT					
<input type="checkbox"/> YES <input type="checkbox"/> NO		47. Are there any other compelling reasons why member should not be assigned to LCS duty?			
48. COMMAND ENDORSEMENT (A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in an LCS billet): 					
49. Commanding Officer: <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED					
ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBER'S SERVICE RECORD.					
50. NAME AND RANK:		51. SIGNATURE:		52. DATE:	
PRIVACY ACT					
AUTHORITY: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. PURPOSE: THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT. DISCLOSURE: COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO, OR DISAPPROVAL, OF YOUR REQUEST.					

EXHIBIT 2

SPECIAL PROGRAM SUITABILITY/UNSUITABILITY REPORT

(Use the proper message format.)

FM TRANSFERRING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS409A1/PERS4013//
INFO GAINING ACTIVITY//JJJ//
BT
UNCLAS //N01300//
MSGID/GENADMIN/REQUESTING CMD/-/MMM//
SUBJ/LCS PROGRAM SUITABILITY (OR UNSUITABILITY), ICO NAME, RATE,
LAST FOUR SSN//
REF/A/DOC/NPC/DATE//
NARR/REF A IS MILPERSMAN 1306-978//
POC/NAME/RATE/UNIT IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. PER REF A, SNM IS SUITABLE (OR UNSUITABLE) FOR LITTORAL
COMBAT SHIP PROGRAM.
2. SNM IS A VOLUNTEER FOR LCS/VBSS (WHERE APPLICABLE)
ASSIGNMENT.
3. (VBSS BILLETS ONLY) SNM IS SUITABLE FOR VBSS ASSIGNMENT. SNM
HAS NO HISTORY OF CLAUSTROPHOBIA OR ACROPHOBIA (FEAR OF
HEIGHTS).
A. REASON FOR UNSUITABILITY: (EXPLAIN WITH SPECIFIC DETAILS).
B. REPORT OF SUITABILITY WAS FILED IN SERVICE RECORD.
C. SNM HAS ___ MONTHS OF OBLISERV FOR SPECIFIED PROGRAM.//
BT

EXHIBIT 3

SPECIAL PROGRAM WAIVER REQUEST
(Use the proper message format.)

FM REQUESTING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS409A1/PERS4013//
INFO GAINING ACTIVITY//JJJ//
BT
UNCLAS //N01300//
MSGID/GENADMIN/REQUESTING CMD/-/MMM//
SUBJ/LCS PROGRAM WAIVER ICO NAME, RATE, LAST FOUR SSN//
REF/A/DOC/NPC/DATE//
AMPN/REF A IS MILPERSMAN 1306-978.//
POC/NAME/RATE/UNIT IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. PER REF A, REQUEST A WAIVER FOR SNM FOR THE LITTORAL
COMBAT SHIP PROGRAM.
A. SECTION __, ITEM NO ____ (FROM SPECIAL PROGRAM SCREENING
FORM)
B. EXPLAIN/SPECIFICS
2. CO'S JUSTIFICATION/RECOMMENDATION: //
BT

EXHIBIT 4

SPECIAL PROGRAM SCREENING DEFICIENCY REPORT (SPSDR)

(Use the proper message format.)

FM
TO
INFO
BT
UNCLAS //N01300//
MSGID/GENADMIN/(receiving cmd)//
SUBJ/LCS PROGRAM SCREENING DEFICIENCY REPORT ICO NAME/RATE/LAST
FOUR SSN//
REF/A/DOC/COMNAVPERSCOM/DATE//
AMPN/REF A IS MILPERSMAN 1306-978.//
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// (MANDATORY)
RMKS/1. IAW REF A, THE FOLLOWING IS SUBMITTED DUE TO IMPROPER
SPECIAL PROGRAM SCREENING FOR LITTORAL COMBAT SHIP:
A. MEMBER: NAME, RATE/RANK, AND LAST FOUR SSN
B. WAS SCREENING FORM FILED IN SERVICE RECORD? GIVE
NAME/RANK/TITLE/DATE OF INDIVIDUAL SIGNING SCREENING FORM.
C. TRANSFERRING COMMAND AND UIC.
D. EXPLAIN FULLY THE REASON SNM IS CONSIDERED IMPROPERLY
SCREENED.
E. IF SNM WAS PROPERLY SCREENED, DID PROBLEMS DEVELOP AFTER
ARRIVAL? EXPLAIN FULLY.
F. IS SNM CONSIDERED marginally UNSUITABLE BUT COULD CONTINUE
SPECIAL PROGRAM DUTY? EXPLAIN FULLY.
G. ARE DISQUALIFYING FACTORS SO SEVERE THAT SNM SHOULD BE
REASSIGNED? EXPLAIN FULLY.//
BT